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DATE: 3/24/05

PTO IDENTIFIER: Application Number 09/758,798-Conf. #9352

Patent Number

Inventor: Robert C. Frisch et al.

MESSAGE TO: US Patent and Trademark Office

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PAGES (including Cover Sheet): 3

CONTENTS: Interview Request (1 page)
Certificate of Transmission (1 page)

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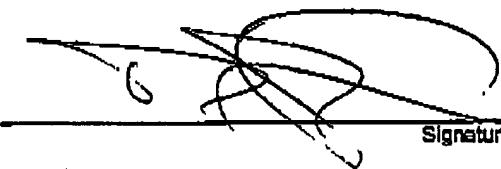
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Attorney Docket No.: 102323-0062

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Interview Request (1 page)

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Applicant Initiated Interview Request Form

Application No.: 09/758,798-Conf. #9352 First Named Applicant: Robert C. Friesch
Examiner: B. D. Nguyen Art Unit: 2661 Status of Application: FILED CASE

Tentative Participants:

(1) Examiner Nguyen (2) David Pownar
(3) _____ (4) _____Proposed Date of Interview: Mid April Proposed Time: At the Examiner's convenience (AM/PM)

Type of Interview Requested:

(1) Telephonic (2) Personal (3) Video ConferenceExhibit To Be Shown or Demonstrated: YES NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1, 4-17</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Proposed amendments to the claims

An interview was conducted on the above-identified application on _____.
NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature_____
Examiner/SPE Signature_____
Typed/Printed Name of Applicant or Representative_____
Registration Number, if applicable